



REQUEST FOR PUBLIC RECORDS

NAME OF REQUESTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_ TIME: \_\_\_\_\_

NATURE OF REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Inspection only \_\_\_\_\_

3. Number of copies requested \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that I do not intend to use any list of individuals that may be covered by this request for commercial purposes.

Signature \_\_\_\_\_

***\*If the identified records include medical records of a District patient, you must also attach a patient authorization form. If you do not have the patient's consent, the records will be redacted unless you identify the legal basis under which patient consent is not required.***

For Office Use Only: Date \_\_\_\_\_ Time \_\_\_\_\_

(1) Request Granted \_\_\_\_\_ Record Withheld \_\_\_\_\_ Record Redacted \_\_\_\_\_

(2) If consent is needed, name of individual: \_\_\_\_\_

(3) If withheld or redacted, identify the exemption contained in chapter 42.56 RCW or other applicable statute that authorizes the withholding of the record or part of record:

\_\_\_\_\_

(4) If withheld or redacted, explain how the exemption applies to the record withheld:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_